



Complete this form for your records. Do not mail in.

All rules governing worker compensation shall be adhered to when completing this form. Review the following rules to ensure compliance: Bingo Rule 326 and 327; Millionaire Party Rule 412 and 413; Raffle Rule 516; and Charity Game Ticket Rule 617.

Organization Name	Organization ID Number	License Number

Signature	Printed Name	Worker Title e.g., chairperson, recordkeeper, or worker	Amount Paid	Date Worked
			\$	
		Total	\$	

Signature of Chairperson	Date	Signature of Witness	Date
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COMPLETION: Required.
PENALTY: Failure to complete this form may result in administrative action.